

# **Annual Progress Report (APR)**

**for**

**Supportive Housing Program**

**Shelter Plus Care**

**and**

**Section 8 Moderate Rehabilitation  
for Single Room Occupancy  
Dwellings (SRO) Program**

**Public reporting burden** for this collection of information is estimated to average 65 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

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## General Instructions

**Purpose.** The Annual Progress Report (APR) tracks program progress and accomplishments in the Department's competitive homeless assistance programs.

**Filing Requirements.** Recipients of HUD's homeless assistance grants must submit an APR to HUD within 90 days after the end of each operating year. Failure to submit an APR will delay receiving grant funds and may result in a determination of lack of capacity for future funding. An APR must be submitted for each operating year in which HUD funding is provided. The report must be submitted to the CPD Division Director in the local HUD Field Office responsible for managing the grant.

Grantees that received SHP funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years. They must submit an APR 90 days after the end of the first operating year and any year in which they use SHP funding for leasing, supportive services, or operations. For years in which they do not receive SHP funding, they must submit an Annual Certification of Continued Project Operation throughout the 20 years (contact local HUD Field Office).

A separate report must be submitted for each HUD grant received. For Shelter Plus Care, a separate APR must be submitted for each Shelter Plus Care component.

For those grantees receiving an extension, a separate report covering that period must be submitted (see Extension below).

**Record keeping.** Grantees must collect and maintain information on each participant in order to complete an APR. Optional worksheets are attached. The worksheets may be used to record information manually or to design a computerized system to store and tabulate the information. The worksheets should not be submitted to HUD with the APR.

**Organization of the Report.** The APR is organized in the following manner:

**Part I: Project Progress.** This portion of the report describes the progress in moving homeless persons to self-sufficiency, services received, project goals, and beds created.

**Part II: Financial Information.** This portion of the report is completed by all grantees receiving funding under SHP, S+C and SRO.

**Final Assembly of Report.** After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to your program with "N/A" for not applicable. (See Special Instructions for SSO Projects below.)

**Definitions.** The following terms are used in the APR. As indicated, in some cases, terms are applied differently depending on whether the funding is from SHP, S+C, or SRO.

**Entered the program** for S+C and SRO projects means when the participant starts to receive rental assistance. For S+C, services provided prior to this point are recognized as necessary for outreach/enrollment and are eligible to count as match.

**Left the program** for S+C projects means when the participant stops receiving rental assistance and is not expected to return to S+C assisted housing. If the participant returns to S+C assisted housing within 90 days, the person should not be considered as exiting from the program. If the person returns to S+C assisted housing after 90 days, that person is considered a new participant. The worksheet is designed to capture this information.

An **Extension APR** applies to SHP and S+C grantees that requested and received an extension of their grant term from the HUD field office. The only difference between an APR for the extension period and the regular APR (besides the amount of time covered) is the signature page. Grantees should circle yes to indicate the APR is for an extension period and circle the operating year for which the report is an extension. For example, if the grantee is extending year 3, the grantee should submit an APR as usual for year 3 and submit another APR for the extension period, indicating the second is an extension and also circling year 3 on the signature page.

**Family** means a household composed of two or more related persons, at least one of whom is an adult. The term family also includes one or more persons living with an eligible participant who is determined to be important to their care or well being. Care givers are not reported on in the APR.

**Grantee** means a direct recipient of the HUD award.

**Match** for S+C means the value of supportive services received by participants in the S+C project which, in the aggregate, must at least equal the value of the S+C rental assistance provided over the life of the project. For SHP, match means cash used to provide the grantee's portion of acquisition, rehabilitation, new construction, operations and supportive services expenses.

**Operating year** means for SHP the date when participants begin to receive housing and/or services. The first operating year begins after development activities for acquisition, rehabilitation, and new construction are complete, after a copy of the Certificate of Occupancy is sent to the local HUD office, and when the first participant is accepted into the project. For projects without acquisition, rehabilitation, or new construction, the operating start date begins when the grantee accepts the first participant. For S+C (SRA, PRA and TRA components), the first operating year begins on the date HUD signs the grant agreement. For S+C/SRO and for Sec. 8 SRO, the first operating year begins with the effective date of the Housing Assistance Payments (HAP) Contract.

To determine which operating year to circle on the APR cover page, begin counting from the initial grant operating start date and include renewals grants. For example, a project receiving an initial grant for three years and a renewal grant for two years would circle years 1, 2, and 3 respectively on the APR cover sheet for the initial grant and would circle 4 and 5 respectively for the renewal grant. For any future renewal grants, the grantee would begin by circling 6 on the APR cover sheet.

**Participant** means single persons and adults in families who received assistance during the operating year. Participant does not include children or caregivers who live with the adults assisted.

**Project Sponsor** means the organization responsible for carrying out the daily operation of the project, if the organization is an entity other than the grantee.

**Special Instructions for Supportive Services Only Projects.** SSO grantees should complete all questions, unless a written agreement has been reached with the field office concerning which questions can be answered using estimates, or in rare instances, skipped.

Below is an example of how information could be derived in a large, single-service SSO project:

A grantee/sponsor staff member could be assigned to collect information from the organizations housing the participants. The staff person would contact these individual organizations to request information regarding the persons in that facility who use the service. For participants living on the street, the grantee/project sponsor may provide estimates.

Information could be collected for each participant or for participants receiving services at a point-in-time. If estimates or point-in-time counts are used, the method used must be described in the APR and the documentation kept on file.

Grantee:	HUD Grant or Project Number:												
Project Sponsor:	Project Name:												
Operating Year: (Circle the operating year being reported on) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 Indicate if extension: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate if renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reporting Period: (month/day/year)  from:                      to:												
Previous Grant Numbers for this project:  <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>													

Check the component for the program on which you are reporting.

**Supportive Housing Program (SHP)**

**Shelter Plus Care (S+C)**

**Section 8 Moderate Rehabilitation**

- ☐ Transitional Housing
- ☐ Permanent Housing for Homeless Persons with Disabilities
- ☐ Safe Haven
- ☐ Innovative Supportive Housing
- ☐ Supportive Services Only

- ☐ Tenant-based Rental Assistance (TRA)
- ☐ Sponsor-based Rental Assistance (SRA)
- ☐ Project-based Rental Assistance (PRA)
- ☐ Single Room Occupancy (SRO)

- ☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Name & Title of the Person who can answer questions about this report:	Phone: (include area code)
Address:	Fax Number: (include area code)

**I hereby certify that all the information stated herein is true and accurate.**

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:	Signature & Date:  X
Name and Title of Authorized Project Sponsor Official:	Signature & Date:  X

## Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. C; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time				

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year				
b.	Number entering program during the operating year				
c.	Number who left the program during the operating year				
d.	Number in the program on the last day of the operating year (a + b - c) = d				

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)				
b.	Number proposed in application (from 1a, columns 1 and 4)				
c.	Capacity Rate (divide a by b) = %	%			%

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	
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5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over		
	b.	51-61		
	c.	31-50		
	d.	18-30		
	e.	17 and under		
Persons in Families (from 2b, columns 2 & 3)				
	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50		
	i.	18 - 30		
	j.	13-17		
	k.	6-12		
	l.	1-5		
	m.	Under 1		

Answer questions 6 - 10 only for **participants who entered the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants.

**6. Veterans Status.** A veteran is anyone who has ever been on active military duty status.

How many participants were veterans?

**7. Ethnicity.** How many participants are in the following ethnic categories?

a.	Hispanic or Latino	
b.	Non-Hispanic or Non-Latino	

**8. Race.** How many participants are in the following racial categories?

a.	American Indian or Alaskan Native	
b.	Asian	
c.	Black or African American	
d.	Native Hawaiian or Other Pacific Islander	
e.	White	

**9. Special Needs.** How many participants have the following? Participants may have more than one. If so, count them in all applicable categories.

a.	Mental illness	
b.	Alcohol abuse	
c.	Drug abuse	
d.	HIV/AIDS and related diseases	
e.	Developmental disability	
f.	Physical disability	
g.	Domestic violence	
h.	Other (please specify)	

**10. Prior Living Situation.** How many participants slept in the following places in the week prior to entering the project? (Choose one)

a.	Non-housing (street, park, car, bus station, etc.)	
b.	Emergency shelter	
c.	Transitional housing for homeless persons	
d.	Psychiatric facility*	
e.	Substance abuse treatment facility*	
f.	Hospital*	
g.	Jail/prison*	
h.	Domestic violence situation	
i.	Living with relatives/friends	
j.	Rental housing	
k.	Other (please specify)	

\*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

**11. Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

	A. Monthly Income at <b>Entry</b>	
a.	No income	
b.	\$1-150	
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	
f.	\$1001- \$1500	
g.	\$1501- \$2000	
h.	\$2001 +	

	C. Income Sources at <b>Entry</b>	
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	

	B. Monthly Income at <b>Exit</b>	
a.	No income	
b.	\$1-150	
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	
f.	\$1001- \$1500	
g.	\$1501- \$2000	
h.	\$2001 +	

	D. Income Sources at <b>Exit</b>	
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	

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- 12. Length of Stay in Program.** Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time?

a.	Less than 1 month	
b.	1 to 2 months	
c.	3 - 6 months	
d.	7 months - 12 months	
e.	13 months - 24 months	
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	

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- 13. Reasons for Leaving.** Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, **include only the primary reason.**

a.	Left for a housing opportunity before completing program	
b.	Completed program	
c.	Non-payment of rent/occupancy charge	
d.	Non-compliance with project	
e.	Criminal activity / destruction of property / violence	
f.	Reached maximum time allowed in project	
g.	Needs could not be met by project	
h.	Disagreement with rules/persons	
i.	Death	
j.	Other (please specify)	
k.	Unknown/disappeared	



- 14. Destination.** Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination?

PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	
	b.	Public Housing	
	c.	Section 8	
	d.	Shelter Plus Care	
	e.	HOME subsidized house or apartment	
	f.	Other subsidized house or apartment	
	g.	Homeownership	
	h.	Moved in with family or friends	
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	
	j.	Moved in with family or friends	
INSTITUTION (k-m)	k.	Psychiatric hospital	
	l.	Inpatient alcohol or other drug treatment facility	
	m.	Jail/prison	
EMERGENCY SHELTER (n)	n.	Emergency shelter	
OTHER (o-q)	o.	Other supportive housing	
	p.	Places not meant for human habitation (e.g. street)	
	q.	Other (please specify)	
UNKNOWN	r.	Unknown	

- 15. Supportive Services.** Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project?

a.	Outreach	
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol or drug abuse services	
e.	Mental health services	
f.	HIV/AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify)	



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**16. Overall Program Goals.** Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

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**a. Residential Stability**

Objectives:

Progress:

Next Operating Year's Objectives:

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**b. Increased Skills or Income**

Objectives:

Progress:

Next Operating Year's Objectives:

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**c. Greater Self-determination**

Objectives:

Progress:

Next Operating Year's Objectives:

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**17. Beds.** SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. **(SHP-SSO projects do not complete this question)**

- a. **SHP.** How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	_____	_____	_____

- b. **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds: \_\_\_\_\_  
Number of Dwelling Units: \_\_\_\_\_

- c. **SRO.** How many dwelling units were being assisted at end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units: \_\_\_\_\_

## Part II: Financial Information

### 18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year**. Enter the amount of SHP funding spent on these supportive services.

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year**. (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year**.

	Supportive Services	Dollars
a.	Outreach	
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify)	
o.	<b>TOTAL</b> (Sum of a through n)	
	Cumulative amount of match provided to date for the <b>Shelter Plus Care Program</b> under this grant	

## 19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

**Summary of Expenditures.** Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing			
b.	Supportive Services			
c.	Operating Costs			
d.	Administration			
e.	<b>Total</b>			

**Note:** Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

**Sources of Cash Match.** Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge / fees	

h.	<b>Total</b>	
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## 20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

**Summary of Expenditures.** Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	<b>Total</b>			

**Cash Match.** Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	<b>Total</b>	

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**Describe any problems and/or changes implemented during the operating year.**

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**Technical Assistance and Recommendations**

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

Persons Served Worksheet - HUD Annual Progress Report

This worksheet is optional and is intended to help you collect information needed to complete the Annual Progress Report. Instructions and Codes follow. **Do not submit this worksheet to HUD.**

No.	Name	Relationship	Entry Date	Exit Date	Number of Months in Project (calculate) 12	New Participant (Y / N)	Non-Homeless (SRO Only) (Y / N) 4	Date of Birth 5a	Age 5b	Gender (M/F) 5c



Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Veterans Status (Y/N) 6	Ethnicity (code) 7	Race (code) 8	Special Needs (code) 9	Prior Living Situation (code) 10	Monthly Income At Project Entry 11a	Monthly Income At Project Exit 11b	<u>Income Sources</u> At Entry (code) 11c	<u>Income Sources</u> At Exit (Code) 11d

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Reason for Leaving Program (code) 13	Destination (code) 14	Supportive Services (code) 15	Notes

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**Instructions and Codes for Persons Served Worksheet**

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The use of this worksheet is optional. It was designed to help you collect information on participants needed to complete the Annual Progress Report. If the worksheet is updated as participants move in and move out of your project, most of the information required for completion will be contained in the worksheet. Do not submit this worksheet with the APR.

For projects that serve families, HUD only requires reporting on the number of children served, and the age and gender of these children. Only name, relationship, date of birth, and age on the worksheet need to be completed for children. Assign the adults a number, but not each family member. Use this number to transfer to the other pages of the worksheet.

Beginning with number 4, the numbers in the columns refer to the questions on the APR form. If any questions are answered with "Other," please enter the specific "Other" answer for inclusion in the APR.

**Participant Number.** This column allows you to either number participants consecutively or to assign a case number. One number should be assigned to each adult.

**Name.** Names of persons will not be reported to HUD. The use of names is for your record keeping convenience.

**Relationship.** Enter the appropriate relationship. Examples include: Self, Head of household, Spouse, Child.

**Entry Date.** Enter date participant entered the project. Usually this will be the date of actual physical move-in for a housing project.

**Exit Date.** Enter date participant left the project. Usually this will be the date the participant physically moved out for a housing project. Do not include a participant who temporarily left the project and is expected to return in less than 90 days (e.g. hospitalization).

4. **Income-eligible Non-homeless in SRO.** The SRO program allows assistance to units occupied by Section 8 income-eligible persons residing at the SRO prior to rehabilitation. For SRO projects only, indicate whether the participant is an income-eligible, non-homeless person (Y) or not (N). SHP and S+C projects should skip this item.

5a. **Date of Birth.** Enter date of birth including month, day, and year.

5b. **Age.** Enter age at entry.

5c. **Gender.** Enter appropriate letter for gender.  
M-Male F- Female.

6. **Veterans Status.** Indicate if the participant is a veteran. *Please note: A veteran is anyone who has ever been on active military duty status for the United States.*

7. **Ethnicity.** Enter appropriate letter for ethnic group.  
a. Hispanic or Latino  
b. Non-Hispanic or Non-Latino

8. **Race.** Enter appropriate letter for race.  
a. American Indian or Alaskan Native  
b. Asian  
c. Black or African-American  
d. Native Hawaiian or Other Pacific Islander  
e. White

9. **Special Needs.** Enter the letter(s) for the category(ies) that describe the participant's disability(ies). (You may double count)  
a. Mental illness  
b. Alcohol abuse  
c. Drug abuse  
d. HIV/AIDS and related diseases  
e. Developmental disability  
f. Physical disabilities  
g. Domestic violence  
h. Other (please specify)

10. **Prior Living Situation.** Enter the letter that best describes where the participant slept in the week prior to entering the project. Do not double count.

a. Non-housing (street, park, car, bus station, etc.)  
b. Emergency shelter  
c. Transitional housing for homeless persons  
d. Psychiatric facility\*  
e. Substance abuse treatment facility\*  
f. Hospital\*  
g. Jail/prison\*  
h. Domestic violence situation  
i. Living with relatives/friends  
j. Rental housing  
k. Other (please specify)

\*If a participant came from an institution but was there less than 30 days and were living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.

k. Unknown/disappeared

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**Instruction and Codes for Persons Served  
Worksheet (continued)**

**11a. Gross Monthly Income at Project Entry.**

Enter the amount of gross monthly income the participant is receiving at entry into the project.

**11b. Gross Monthly Income at Project Exit.** Enter the gross monthly income the participant is receiving when exiting the project.

**11c. Income Sources Received at Project Entry.**

Enter all types of assistance the participant is receiving at entry to the project.

- a. Supplemental Security Income (SSI)
- b. Social Security Disability Insurance (SSDI)
- c. Social Security
- d. General Public Assistance
- e. Temporary Aid to Needy Families (TANF)
- f. Child support
- g. Veterans benefits
- h. Employment income
- i. Unemployment benefits
- j. Medicare
- k. Medicaid
- l. Food Stamps
- m. Other (please specify)
- n. No Financial Resources

**11d. Income Sources Received at Project Exit.**

Enter all types of income the participant is receiving at project exit. (Use codes as in 11c.)

**12. Length in Stay in Program.** Calculated item. (See Entry Date and Exit Date above.)

**13. Reason for Leaving Project.** Enter the primary reason why the participant left the project. (Complete only for participants who left the project and are not expected to return within 90 days.

- a. Left for a housing opportunity before completing the program
- b. Completed program
- c. Non-payment of rent/occupancy charge
- d. Non-compliance with project
- e. Criminal activity/destruction of property/violence
- f. Reached maximum time allowed in project
- g. Needs could not be met by project
- h. Disagreement with rules/persons
- i. Death
- j. Other (please specify)

**14. Destination.** Enter the destination of those leaving the project.

**Permanent:**

- a. Rental house or apartment (no subsidy)
- b. Public Housing
- c. Section 8
- d. Shelter Plus Care
- e. HOME subsidized house or apartment
- f. Other subsidized house or apartment
- g. Homeownership
- h. Moved in with family or friends

**Transitional:**

- i. Transitional housing for homeless persons
- j. Moved in with family or friends

**Institution:**

- k. Psychiatric hospital.
- l. Inpatient alcohol or drug treatment facility
- m. Jail/prison

**Emergency:**

- n. Emergency shelter

**Other:**

- o. Other supportive housing.
- p. Places not meant for human habitation (e.g., street)
- q. Other (please specify)

**Unknown:**

- r. Unknown

**15. Supportive Services.** Enter all types of supportive services the participant received during the time in the project.

- a. Outreach
- b. Case management
- c. Life skills (outside of case management)
- d. Alcohol or drug abuse services
- e. Mental health services
- f. HIV/AIDS-related services
- g. Other health care services
- h. Education
- i. Housing placement
- j. Employment assistance
- k. Child care
- l. Transportation
- m. Legal
- n. Other (please specify)